

2003
Annual Progress and Services Report
for the
Consolidated Child & Family Services Plan

Section 4

Executive Plan

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4.1 Forces Shaping Louisiana's Public Child Welfare System and Current Barriers to Meeting the Needs of Children

A. Historical Overview

Historically, public child welfare as a system has existed to intervene on behalf of the state to protect minor children who were at risk of harm from their parents or were without someone to care for them. During the 1960's in Louisiana and nationwide, reporting of child abuse and neglect was limited to "mandated" reporters, i.e., professionals who saw children in the course and scope of their employment such as physicians, teachers, day care operators. There were criminal penalties for failure to report by these "mandated" reporters. In 1974, federal legislation created the Child Abuse Prevention and Treatment Act (CAPTA) that marked the beginning of expansion of states' child protection systems. Federal grants were available to states whose laws reflected compliance with the CAPTA statute. Soon 50 states had enacted child abuse reporting laws which came to look remarkably similar as they reflected the CAPTA influence. A major population expansion in a state's child protection intervention authority came with the amendment to reporting laws which allowed "permissive" reporters, i.e., non-mandated persons, such as neighbors, family members, children, etc. to report suspected abuse or neglect. This expansion in law soon increased reports to be investigated by states.

In the 1970's, Louisiana's reports of abuse and neglect for investigation reached the 9,000 plus figure. By 1986, 26,000 reports were being received annually. The only increase in staff came after a highly publicized child death in 1985; however, these and more were lost in ensuing budget cuts beginning in 1986.

Over time, this role was legislatively extended during the 1980s in federal and state law to authorize state protective intervention into certain child caring situations other than a family home setting to day care centers, foster homes, and residential child care facilities and in cases of child death in which abuse/neglect is suspected.

In 1990, 23,000 cases were investigated and by the end of 1995, the number had reached in excess of 28,000.

In 1986 and again in 1991, in response to an increasing inability to respond timely to all reports, the Agency sought to scale back reportable cases to those cases with higher probability of being valid in line with available staff and service resources. Both times the Agency received intense negative public criticism and the executive branch backed off the full reduction in scope and added no new resources to meet the increased workload. Louisiana's child welfare practice is consistent with generally accepted practice as evidenced by compatibility with the national average and that of surrounding southern states on child protection and foster care data indicators.

B. Obligation for the state to provide public child protection intervention

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There is no federal legal obligation requiring a state to conduct child protection investigations. However, if a state accepts a federal CAPTA grant (about \$1 million annually in Louisiana), it must comply with its state child abuse reporting law and with the provisions of CAPTA. The U.S. Supreme Court, in its decision on the case Deshaney v. Winnebago County, has ruled that there is no state duty in this respect. Otherwise, it is a matter of public policy and moral compunction as to the scope and degree that a state chooses to exercise its intervention authority. Louisiana has accepted the need to provide this level of service in the continuum of services provided under this plan.

C. Need in defining the desired scope of state child protection intervention

There are generally three ranges of opinion influencing a state's program scope for child protection interventions. Child advocates generally support liberal intervention grounds and an expansion of the role of child protective services. Conservative citizens desire limited intervention particularly in areas which are perceived to infringe on parental authority related to medical decisions, punishment alternatives, religious beliefs, and educational choices. The third more central and moderate group of citizens is unfortunately less vocal in expressing what might represent a majority middle ground for consensus. This position recognizes the authority of the state to intervene in reported situations of serious, imminent, and clear harm or risk of harm to minor children which is tempered by a fundamental recognition of parents' right to act on behalf of their children unless their behavior digresses below the above threshold.

There is a critical need for the executive branch and the legislative branch of government at the state and federal levels to enunciate a clear public policy statement defining the scope of intervention intended by the executive and legislative branches. Once this decision is made, a better determination of the resources needed versus those available is possible.

D. Significance of the scope of child protection intervention

First, the scope should reflect public consensus in order to command public support. Second, this decision is critical in a fiscal respect: The scope of the child protection program, i.e., the intake parameters of the public child welfare system, ultimately significantly defines the scope of the foster care system, e.g., foster care costs are greatest and steadily increasing along with the foster care population while the federal financing overall is decreasing in relation to ultimate cost bearing.

E. Historical purpose of the foster care segment of the public child welfare program

Historically, in the 1930's the foster care program evolved as a subsystem within the federally funded Aid to Dependent Child Program (ADC) as a means of substitute care

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for children who could not be cared for in their own homes. The ADC program was enacted to provide joint federal/state financial assistance to poor children in their natural family with no means of support. The foster care program, ADC-FC, received federal support for substitute family care for poor children who had no parent available for care or the parent's care was not safe for the child. A state may elect to provide substitute care for children other than poor families, i.e., who are not on public assistance; however, the state is responsible for funding the room, board, and supervision for these children and their health care, if they are not Medicaid eligible. In Louisiana children from families on public assistance or are eligible for it make up 76% of the caseload. Children eligible for Medicaid make up 95% of the caseload as some are eligible in their own right based on a disability plus low family income. So, the state bears 24% remaining foster care population costs for room, board, and supervision and for the 5% remaining population health care costs. So again, a state's discrete policy decisions about the scope of its child protection intervention program and the population served ultimately have significant financial impact.

F. Significant legal or societal changes that have transformed public foster care.

In 1976, an advocacy movement nationwide began to express concerns about the numbers of children in foster care. In 1980, far reaching federal legislation was enacted replacing the old ADC-FC program with new prescriptive statutes governing federal financing of foster care which delineated specific requirements for each case. The nationwide foster care population had reached the 500,000 mark.

In exchange for better financing (which never reached the statutorily designated level) states were to identify a permanent goal, i.e., permanent living arrangement, for each child by 18 months in care; develop a plan of services to accomplish that goal; develop methods of review including judicial for each case for progress; and provide reasonable efforts (with judicial determination of such) to avoid a child entering care (except in dangerous emergencies in which a child is not safe) and provide reasonable efforts to reunify a child with his natural family after he enters care. Reasonable efforts was to mean supportive services which were to be funded extensively with the funding source which never reached appropriations anywhere near the authorized level in the statute. In light of subsequent child fatalities across the nation, the notion of reasonable efforts was attacked as contributing to child deaths by having child protection try services in the home first. Although the federal law states danger to the child as an exception to requiring reasonable efforts, the view was that this philosophical bias has been wrongfully perceived and interpreted by judges and state agencies as requiring delay. The requirements significantly increased the workload of each case worker while simultaneously the state's overall foster care caseload had grown. For one short period in 1983 the national foster care caseload dipped, which gave hope that the philosophical underpinnings of the 1980 federal statutory prescription was working to reduce numbers of children in care and the average length of time spent in care.

Unfortunately, this hope was soon extinguished by the upward spiral of children entering

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care. Not only the numbers of children entering care are bursting the seams of the public system, but the kinds of care children require and the reasons they enter care do not reflect the traditional purpose of the foster care system. Children entering care in the last decade have required much more than a safe place to live, i.e., traditional room and board and adult supervision. This is extremely critical to remember as these elements of foster care are all that the child welfare federal funding supports at a partial match rate for only poor children. The greatest needs of today's foster care population are of a medical or behavioral health nature.

At the national level, there developed an emerging policy climate which stressed individual responsibility and programmatic accountability. Congress spent months debating a series of bills and proposals targeting system reform in 1997. Only days prior to adjournment of the session, a bipartisan congressional effort secured a conference agreement and the Adoption and Safe Families Act of 1997 (ASFA) was passed overwhelmingly in the House and unanimously in the Senate. ASFA was signed into law and became effective upon signature of President Clinton on November 19, 1997.

The hallmark of the ASFA was to strike a balance between family preservation and reunification with the health and safety of children, purposefully erring on the side of child safety. ASFA requires timely agency decision making, clarifies the "reasonable efforts to reunify" requirement and promotes improved agency foster care and adoption practice. The overarching principle of ASFA is fundamentally to "reform the child welfare system to work better for the children it serves, to put their health and safety first in all efforts to achieve reunification or permanent placement. In response to the various activities that are required with the passage of the ASFA, the Agency established a "SAFE ACT" Task Force. The initial function of the Task Force was to review the federal legislation and determine what changes should be recommended to the Children's Code Subcommittee of the Louisiana Law Institute. Members of the Task Force evaluated every element of the federal legislation and determined a plan of action for implementation. The plan was tracked via a mapping log that also benefitted the Agency in its subsequent Title IV-E State Plan submission.

The Task Force initiated a study of the linkage of substance abuse to child welfare and the range of services available to families serviced in the continuum. During the course of this plan period, it is the intent of the Task Force to also examine domestic violence.

The Task Force, which was initiated in April, 1998, continues to serve as a forum for programmatic and legal implication discussions on court cases, pending policy, internal system restrictions, and future training needs of staff. Membership on the Task Force includes representatives from the Department's Bureau of General Counsel, OCS Program Development staff, OCS Policy, Planning and Accreditation staff, OCS Resource Development and QA staff, the Assistant Secretary of OCS, and DSS Information Management staff. External partners in this process includes members of the Court Improvement Project staff and representatives of the Office of Youth

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Development. *The Agency had also invited participation from the District Attorney's Association.*

As an additional result of the Task Force's considerations, the Agency developed and implemented a series of agency and public education forums called "ASFA Roll Outs." The meetings were open to agency staff and community partners. The purpose was to provide a forum for closer examination of the tenants of ASFA and to further educate all involved in child welfare of the impact of ASFA on child welfare practice. The "roll outs" were conducted in each region across the state and were attended by agency staff and community partners. A video presentation by the Agency's Assistant Secretary was included. The meetings were well received by all who attended.

The SAFE ACT Task Force also provides a linkage for the combined efforts in preparation for the Child and Family Services Review (CFSR) process and related work group.

G. Public policy identified as needs and/or structure

Through the Agency's planning process conducted during the development of the CFSP, the following public policy needs and/or structure were identified.

1. A policy discussion and determination as to the appropriate scope of state child protection intervention and commensurate resources allocation.
2. A renewed focus by key players in the Child Welfare continuum was fostered with the passage of the ASFA. This plan period offered the opportunity to fine-tune our present system and explore with our partners, in this community, what needs to be accomplished to achieve the goals of ASFA.

H. Reduction of workforce

In the year 2000-2001, the state experienced budget cuts which impacted the Agency's services to children and families. OCS was faced with the daunting task of reducing the Agency's workforce by 149 positions. We used this crisis to evaluate how we were organized and where we had dedicated staff resources that may need to be redirected. In

addition, we looked at caseloads in our local offices and targeted vacant positions that could be eliminated. During the same period, the state was under an executive order that prohibited the hiring of new state employees.

During state fiscal year 2002-2003, the State of Louisiana experienced a severe revenue short fall. Expenditures beyond the current child welfare service continuum have been contained. It is anticipated that this budgetary constraint shall continue during the upcoming state fiscal year.

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4.2 Plan Direction

With the preceding discussion as a backdrop, the initial state CFSP planning team was faced with the monumental challenge of formulating a comprehensive, coherent action plan for service delivery which reflected the shared values, responsibilities and accountability of various individuals and service systems which presented strategies for making a positive difference for the people served in a cost efficient manner. Establishing goals, objectives and performance measures made the task less formidable.

The goals and outcomes developed for the 2001 APSR were closely aligned with the Federal outcomes. This process helped to prioritize strategies and identify desired outcomes for children, families, the community, and the Agency. It provides a tool to assess impact, track progress, and demonstrate how effective and efficient the Agency is in accomplishing the desired results.

The goals were directed towards improving the outcomes of safety and well-being of children while supporting the indigenous family structure to the maximum extent possible. They also promote a more comprehensive, coordinated and effective child and family service system. The goals, outcomes and indicators of the Louisiana Child and Family Services Plan are as follows:

GOAL: CHILD SAFETY

Outcome: Children are, first and foremost, protected from abuse and neglect

Indicator : Timeliness of Initiating Investigations of Reports of Child Maltreatment

Indicator: Repeat Maltreatment

Indicator: Incidence of child abuse and neglect in foster care

Outcome: Children are safety maintained in their homes whenever possible and appropriate

GOAL: PERMANENCY

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Outcome: Children will have permanency and stability in their living situations

Indicator: Length of time to achieve reunification

Indicator: Stability of foster care placement

Indicator: Foster care re-entries

Indicator: Length of time to achieve adoption

Outcome: The continuity of family relationships and connections is preserved for children

Outcome: Families have enhanced capacity to provide for their children's needs

GOAL: CHILD WELL-BEING

Outcome: Children receive appropriate services to meet their educational needs

Outcome: Children receive adequate services to meet their physical and mental health needs.

Chafee Foster Care Independence Program

Goal: Provide an array of services designed to enable older foster children and former foster children to acquire the skills they will need to function independently when they leave foster care. The following are objectives of the program and implementation plan:

Objective #1: Negotiate Chafee Foster Care Independence Program (CFCIP) contracts using multiple year format in accordance with state and federal regulations

Objective #2: Assure programmatic and cost effectiveness of CFCIP by identifying

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issues, trends, and appropriate cost effective models

Objective #3: Continue to improve services and service delivery of CFCIP

Objective #4: Continue coordination with public and private sectors to maximize services to promote independence of foster children

Objective #5: Eligible youth attend annual State Teen Conference

Objective #6: Implement data collection six months after youth leave foster care or the Young Adult Program

Objective #7: Continued development of Youth Advisory Boards to increase youth's opportunities to participate in planning CFCIP services

Objective #8: Provide Positive Youth Development training to CFCIP contractor's staff and OCS staff